

**MULTIPLE DEPENDENT
FEE CALCULATION SHEET
(FOR USE WITH FORM P
15)**

APPLICANT(S)

677257

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND. / DEP.		IND. / DEP.		IND. / DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.	10					
TOTAL DEP.	12					
TOTAL CLAIMS	22					